

## **Stress among the Parents of Children with Learning Disabilities: A Demographical Analysis**

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**Abstract:** *The main purpose of this study is to investigate the level of stress among the parents of children with learning disabilities (LD) primary schools in the district of Tanjong Malim in the state of Perak.. The data were solicited from Parental Stress Scale – a self report scale which involved 110 parents. The results revealed that a total of 21 (19.1%) parents experiencing stress at high level and they are in the state of normal. Whilst 80 (72.7%) of the parents were suffering average level of stress (a score of 14 to 19) which is considered as mild. Furthermore, the analysis also showed that only 9 (8.2%) of them experienced high level of stress which is classified as severe. The findings have shown that parents of girl with disabilities was associated with higher stress. Parents engaged in more lucrative and prestigious occupations had more stress than parents engaged in less prestigious and lucrative occupations irrespective of their income. The findings also showed there is no significant different in term of stress between the different ethnic groups (Malays, Chinese and Indian) and religious group (Muslims, Christians, Buddhists and Hindus) in Malaysia. Furthermore, religion was found to be a common coping resource used by the parents. This study implies that there are critical roles for parents in coping their emotional stress. Apart from this, all parties especially the government agencies such Special Education Department, Department of Social Welfare and etc should formulate programs to help the parents by providing services such counseling, interpersonal skills and early intervention.*

**Keywords:** *level, stress, learning disabilities.*

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### **1. INTRODUCTION**

Learning Disabilities (LD) refer to a number of disabilities which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disabilities affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and / or reasoning. In the Malaysian context, the Ministry of Education has categorized the children mild and moderate disabilities either mentally retarded or physically as LD children (Kamarulzaman, 2002). These children have the opportunity to learn at school daily in an inclusive program. However, through our observation there are some parents who are not so happy and they often experienced stress when their children are not such as children without disabilities.

The presence of LD children often been shrouded by negative experience, difficulty and often accompanied by high levels of stress, because of the difficulties, the frustration, and the challenges faced by parents in their daily lives. The presence of this children within the family bring an unexpected demands and challenges to the parents, which they often are not prepared. Having a child with disabilities brings life-changing implications and long-lasting effects in the lives of the whole family (Simmerman, Blacher & Baker, 2001). Numerous studies conducted on this area shows that the parents of these children suffer from higher levels of stress compared to parents of children with typical development (Sanders & Morgan, 1997). The impact that children with disabilities have the family is not only linear and it does not lie in only one direction. This effect is multidimensional, reciprocity, it affects the whole family system, it affects the relationship between family members (Breslau 1982; Breslau & Prabucki 1987). The welfare of siblings of the children may be affected by the stress experienced in the family (Rossiter and Sharpe 2001).

Past studies indicated that parents of LD children experienced higher levels of emotional disorders compared to parents of children without disabilities. Many studies conducted in United States indicated that parents of disabled children experienced higher levels of stress (Sanders & Morgan

1997). Stress is a feeling of strain and pressure. Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays a factor in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to bodily harm. Stress can increase the risk of strokes, heart attacks, ulcers, and mental illnesses.

Malaysia is a multiracial and multicultural country. In Peninsular Malaysia, the major ethnic groups of Malay, Chinese and Indian. The majority of the Malays are Muslims while most of the Chinese in Malaysia professing Buddhism. About 10% of the population is Christian consisting of several ethnic namely the Chinese and Indians. The majority of the Tamil community in Malaysia are Hindus. In addition, the Malaysian society are characterized by various socio-economy status (SES). This situation can also affect the level of stress among parents of children with disabilities. Therefore, this paper was designed upon the assumption that different demographic factors among the parents of LD children is probably different stress levels. The term LD refers to a wide range of disabilities. It would have been unrealistic and out of the researcher's possibilities trying to cover all types of LD on this paper. The before mentioned types of LD were selected by the researcher as many studies were conducted on them and their impact on families.

## **2. METHODOLOGY**

### **2.1. Sample**

This was a cross-sectional study conducted at the rehabilitation centres and school that provides inclusive program in the state of Perak. Perak is one of the states in Peninsular Malaysia. Participants were 110 parents of LD children from various backgrounds were chosen for the study. Perak was chosen due to its multi-ethnic and multi-cultural population which comprises the main ethnic groups of Malay, Chinese and Indian. The population also is a multi-religious population comprises of Islam, Buddhism, Christianity and Hinduism. The parents were purposively selected.

### **2.2. Instruments**

Perceived Stress Scale (PSS) by Cohen (1989) was used to assess level of stress among the sample. The measure consisted of 10 statements and each item is rated on a 5-point scale ranging from never (0) to almost always (4). Positively worded items are reverse scored, and the ratings are summed, with higher scores indicating more perceived stress. The PSS scores are obtained by reversing the scores on the four positive items: For example, 0=4, 1=3, 2=2, etc. and then summing across all 10 items. Items 4, 5, 7, and 8 are the positively stated items. Scores below 13 are considered low, 14 – 19 are considered and scores of 20 or higher are considered high stress.

### **2.3. Procedure**

For the purpose of collection of data, the schools that conducting inclusive in Perak were visited by the research assistant and they have asked for help from head teachers and special education teachers to contact of the parents concerned. Parents participated in three one-hour interviews at different times. This is due to the presence of of the parents to school is a time that is convenient for them. During the interview, the parents were ask to provide demographic information such as pertaining to ethnic, religious practices, household income, parental education while the items contained in the questionnaire were asked indirectly.

## **3. RESULTS**

In this study, mean age of mothers was 37.42 (S.D 8.8) years and of fathers was 42.9 (S.D 8.8) years. The mean age of the children was 10.5 (S.D 5.0) years (range: 2 - 18 years), with 30% females and 70% males. 25% of the children had mild disabilities, 42% moderate ID, 20% severe learning disabilities and 13% had profound disabilities. The children included in this study: cerebral palsy 22%; epilepsy 34%; and, autistic disorder 11%. Eighty-two percent of the children had ID since birth. Seventy-nine percent of the children had various behavioral difficulties, including ADHD.

### **3.1. The Level of Parental Stress**

The Level of Parental Stress is determined based on the feedback of parents of Perceived Stress Scale that has been translated into Malay Language. Table 1 shows the level of parental stress in Malaysian society.

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**Table1.** Level of Stress According to No. of Respondents and Percentage

Score	Level of Stress	No. of Respondent	Percentage (%)
Below 13	Low	37	33.6%
14 -19	Average	52	47.3%
Above 20	High	21	19.1%

The analysis in Table 1 shows the total of 21 (19.1%) parents experiencing stress at high level (scores above 20) and they are in the state of unfavourable. Whilst 52 (47.3%) parents of LD children were suffering average level of stress (a score of 14 to 19) and it is considered as mild. Furthermore, the analysis also showed that 37 (33.6%) of them experienced low level of stress which is classified as normal.

### 3.2. Parental Stress Based on Demographic Background

Table 2 shows the level of stress among the parents based on their family background. The background characteristics accounted for this study were parents gender, ethnic, religion and socio-economic status (SES).

**Table2.** Distribution of the Level of Stress

	Score		
	Below13	14 – 19	Above 20
<b>Gender</b>			
Mother (n=64)	13 (35.1%)	34 (65.4%)	15 (71.4%)
Father (n=46)	24 (64.9%)	18 (34.6%)	6 (28.6%)
<b>Total</b>	37 (100%)	52 (100%)	21 (100%)
<b>Ethnic</b>			
Malay (n=53)	17 (45.9%)	30 (57.7%)	6 (28.6%)
Chinese (n=20)	7 (18.9%)	5 (9.6%)	8 (38.1%)
Indian (n=37)	13 (35.2%)	17 (32.7%)	7 (33.3%)
<b>Total</b>	37 (100%)	52 (100%)	21 (100%)
<b>Religious Group</b>			
Islam (n=56)	19 (51.4%)	33 (63.4%)	4 (19.1%)
Christian (n=12)	3 (8.1%)	4 (7.6%)	5 (23.7%)
Buddhist (n=15)	5 (13.4%)	4 (7.6%)	6 (28.6%)
Hindus (n=27)	10 (27.1%)	11 (21.4%)	6 (28.6%)
<b>Total</b>	37 (100%)	52 (100%)	21 (100%)
<b>SES</b>			
High (n=30)	12 (32.4%)	6 (11.6%)	12 (57.1%)
Middle (n=40)	10 (27.1%)	29 (55.7%)	6 (28.6%)
Low (n=40)	15 (40.5%)	17 (32.7%)	3 (14.3%)
<b>Total</b>	37 (100%)	52 (100%)	21 (100%)

The result in Table 2 shows that the level of stress of mothers with LD children are higher than the fathers. As can be seen in the analysis, 71.4 % mothers are in the score of high level of stress compared to 28.6% fathers. However at the low level of stress, the result shows that only 35.1% parents are mothers compared to fathers (64.9%).

In terms of ethnicity, the result showed that the level of stress among Malay parents better than the Chinese and Indian parents. This can be seen that only 28.6% Malay parents are at the score of high level of stress while 38.1% Chinese parents and 33.3% Indian parents. At the average level of stress the findings indicated that 57.7% is Malay parents, Chinese parents 9.6% and 32.7% Indian parents. While at the low level of stress, the findings showed that 45.9% is found to be Malay parents and 18.9% Chinese parents and 35.2% Indian parents. Therefore, a significantly high proportion of Chinese and Indian parents had stress as compared to Malay parents.

In addition, Table 2 shows the findings of the level of stress among the parents of different religious groups. The findings indicated that stress at high level of stress seems to be dominated by the Christian and Buddhist parents and both with a total of 28.6% respectively. The result also shows that a total of 23.7% Hindu parents and 19.1% Muslim parents experienced high level of stress. While stress at the average level, seems to be dominated by the Muslim parents with 63.4% followed by the Hindu parents (21.4%), the Christian parents (7.6%) and Buddhist parents also (7.6%). However, at the low level of stress it is dominated by the Muslim parents with 51.4% followed by the Hindu parents (27.1%), the Buddhist parents (13.4) and the Christian parents (8.1%).

Furthermore, Table 2 shows the findings of the level of stress based on the difference SES parents. At the level of high level of stress, it is dominated by the high SES (57.1%) and it is followed by the middle SES group (28.6%) and only 14.3% of low SES parents who suffer from such circumstances. Nevertheless, at the average level of stress level, it is dominated by the middle SES parents (55.7%), followed by low SES parents (32.7%) and high SES parents (11.6%). Nevertheless, parents of low SES group dominated the low level of stress (40.5%) followed by the high SES parents (32.4%) and middle SES parents (27.1%).

#### **4. DISCUSSION**

Overall, the survey provides an overview of the situation in which applies to parents of LD children. The findings indicated that the number of parents of LD children who experience high levels of stress is very small (19.1%). According to psychologists, those who suffered high level of stress are referred to those who are suffering distress and this emotional disorder should be overcome because it interferes with a person's well-being. According to Cohen (1989), those with high psychological stress is associated with high blood pressure, higher BMI, larger waist to hip ratio, shorter telomere length, higher cortisol levels, suppressed immune function, decreased sleep, and increased alcohol consumption. The high level of stress or mental health problems experienced by parents of LD children could be related to subjective factors such as feeling social isolation and life dissatisfaction (Dervisalij, 2013). Parents of these children may struggle with a multitude of emotions interchangeably over years, and often have feelings of guilt that somehow they caused the child to be disabled, for logical or illogical reasons (Gupta & Kaur, 2010). Furthermore, these are all important risk factors for cardiovascular disease. Similarly to a study done Dervisalij (2013) a family who has a child with LD, experiences many challenges such as repeated physical and emotional crises, interactive family issues, ruined schedules, and additional expenses, which can create financial burden and emotional distress for a family. Having a child with LD often requires a reorientation and reevaluation of family goals, responsibilities and relationships. A significantly high proportion of parents of disabled children have psychiatric diagnosis of anxiety, depression or both, needing mental health services and support. Nearly 50% of the parents were severely anxious and about two-thirds were clinically depressed (Bitsika & Sharpley, 2004). In a study done in Turkey, Firat et al. reported high rates of depression in mothers of children with autism (72.5%) and in mothers of children with mental retardation (44.7%) (Firat, Diler, Avci, & Seydaoglu, 2002).

However small amounts of stress may be necessary, beneficial, and even healthy Nevid, Rathus & Greene (2011). It is considered as positive stress or eustress and it will help to improve psychological well-being. It also plays a factor in motivation, adaptation, and reaction to the environment. Therefore, those with low and average level of stress is described as positive stress or eustress. In this study, a total of 47.3% parents of LD children were suffering average level of stress and 33.6% of them experienced low levels of stress. This situation gives the impression of a positive stress occur in Malaysian society.

Overall, in the context of Malaysian society, the situation of stress among the parents experienced by all races, religious beliefs and SES. The study showed that the level of stress of mothers with disabled children are higher than the fathers. This study supported many previous studies such as Hastings et al., (2005); Oelofsen and Richardson (2006); Gray (2003) that mothers experience greater impact than fathers by their child's disability. This also can be seen in a study conducted by Gray (2003) on families of children with autism, he found that mothers and fathers were affected on different ways and levels by their child's condition. Fathers claimed that their child's condition did not affect them personally as it did with their wives. They also admitted that the way their child's autism affected them was through the stress that their wives experienced. According to Gray different levels of stress experienced by mothers and father may be explained by gender roles connected to work and child rearing. While mothers usually are more involved in child rearing, fathers are more into working harder in order to support their family's financial needs. There is difference between mothers and fathers in the coping strategies they use. While fathers tend to suppress their feelings, or to avoid them by working until late or staying away from home, mothers tend to vent their feelings. Mothers tend to experience a wider range of feelings (from grief, sadness, anger and crying) and talk more about their emotional distress with others. Mothers are found to be more stigmatized by their child's disorder (Gray, 1993). Accordingly, mothers appear to be more vulnerable to the stress associated with child's behavioural problems (Lopez et al., 2008). Since mothers are more under pressure to balance child

care needs and household chores, physical support from the family is reported as a relief (Gupta & Kaur, 2010). Mothers, who are housewives without additional help, can feel restricted in pursuing their social and leisure activities, and experience more stress (Gupta, 2011). Fathers have lower rates of anxiety and depression as compared to mothers, but higher rates than males in the general population (Lopez et al., 2008). As typically fathers are the sole bread winners for their immediate and extended families, in Malaysian culture, having a child with LD can impose further financial pressures on fathers. Because of social stigma towards disabled, parents, especially fathers, can feel shame and embarrassment in taking their child to social and family gatherings. This can lead to social isolation for the whole family, contributing to further stress.

Malaysia is a multi-ethnic country which comprises of three main groups in the country that is the Malays, who are Muslims, form the majority in the country. The other two main racial groups are the Chinese, who are mostly Buddhists and the Indians, who are mainly Hindus. In terms of ethnicity, the findings revealed that the level of stress among Malay parents better than the Chinese and Indian parents. This can be seen that only 28.6% Malay parents are at the score of high level of stress while 38.1% Chinese parents and 33.3% Indian parents. At the average level of stress the findings indicated that 57.7% is Malay parents, Chinese parents 9.6% and 32.7% Indian parents. While at the low level of stress, the findings showed that 45.9% is found to be Malay parents and 18.9% Chinese parents and 35.2% Indian parents. Therefore, a significantly high proportion of Chinese and Indian parents had stress as compared to Malay parents. This situation is likely related to the religion professed by the parents. When we examine the parental stress of different religions we find similar findings. As can be seen the findings indicated that stress at high level of stress seems to be dominated by the Christian and Buddhist parents and both with a total of 28.6% respectively. The result also shows that a total of 23.7% Hindu parents and 19.1% Muslim parents experienced high level of stress. While stress at the average level, seems to be dominated by the Muslim parents with 63.4% followed by the Hindu parents (21.4%), the Christian parents (7.6%) and Buddhist parents also (7.6%). However, at the low level of stress it is dominated by the Muslim parents with 51.4% followed by the Hindu parents (27.1%), the Buddhist parents (13.4) and the Christian parents (8.1%). May be a study done Gupta, Mehrotra, & Mehrotra (2012) can support this situation whereby more than half of the respondents turned to God, mosques and temples for coping, after they had exhausted all avenues of treatment and were told by the physicians that there was "no hope" of a cure. Many researchers from India have reported that people often find relief in religious propitiation and surrender to the will of God when faced with intractable disease and disability (Dalal, 2000; Brown et al, 2003; Farheen et al, 2008; Gupta, 2011).

Although there are differences of stress in SES groups but they do not show there is significant difference. This situation indicates that the stress experienced by the middle and high SES parents need to be addressed. According to a study done by Gupta, Mehrotra, & Mehrotra, (2012) parents who engaged in more lucrative and prestigious occupations had more stress than parents engaged in less prestigious and lucrative irrespective of their income occupations. In their role as parents, those who worked as professionals, managers and had small businesses experienced higher stress than those who worked as labourers and clerks, due to impaired sense of competence, restrictions placed on other life roles, marital conflict, lack of social support and depression. This finding is in contrast to most published studies which report higher stress among parents of low SES. Higher stress among parents who are engaged in a prestigious occupation may be due to the thwarting of their generally higher expectations of their children, higher perception of shame, frustration at not being able to restore the condition of the child and more restrictions on their social and professional activities (Duncan et al, 1972). The parents in less prestigious occupations may have lower expectations of their children and may be accustomed to feelings of helplessness (Kumar, 2010).

## 5. CONCLUSION

As a whole there was a low rate of stress among parents of LD children in this study. However, the rate of stress among the fathers was even better as compared as compared to mothers. Small amounts of stress may be necessary, beneficial, and even healthy. It is considered as positive stress or eustress and it will help to improve psychological well-being. It also plays a factor in motivation, adaptation, and reaction to the environment. Although, the number of parents of LD children who experience high levels of stress is very small but their problem must be addressed immediately. Therefore, there are critical roles for parents in coping their emotional stress. Apart from this, all parties especially the

government agencies such Special Education Department, Department of Social Welfare and etc should formulate programs to help the parents by providing services such counselling, interpersonal skills and early intervention.

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